

Exhibit J



CITY OF GRAND RAPIDS AGENDA ACTION REQUEST

DATE: September 28, 2021

TO: Mark Washington, City Manager

COMMITTEE: Committee of the Whole

LIAISON: Mark Washington, City Manager

FROM: Stacy Stout, Director
Equity and Engagement

SUBJECT: **Resolution Declaring Racism a Public Health Crisis in Grand Rapids**

In March 2021, the Grand Rapids Community Relations Commission sent a memo to yourself and Mayor Bliss requesting the City declare racism as a public health crisis in the city of Grand Rapids. This was, in part, an effort to seek alignment with a declaration made in 2020 by Governor Whitmer declaring racism as a public health crisis in Michigan. At your request, the Office of Equity and Engagement and Human Resources drafted the attached document to serve as either a resolution or proclamation, and as an educational tool on how racism impacts public health.

Established and emerging data on how racism impacts health has resulted in more than 150 cities, counties, state legislatures, and other governmental leaders to pass resolutions declaring racism a public health crisis. The resolutions come with a commitment to eliminate disparate health outcomes in their communities. These health disparities have been amplified and clearly put on display with the onset of the COVID-19 pandemic. While a resolution is not the solution itself, it can serve as public acknowledgment of racism as a core problem impacting health and support city-wide efforts to address this problem.

The City has a mission to elevate the quality of life through excellent City services and a value of equity to leverage City influence to intentionally remove and prevent barriers created by systemic and institutional injustice. While our services are not direct health or medical services, we do bear influence on the health and wellbeing of our residents.

The following are but a few examples of our work that impacts health and wellbeing:

- housing
- accessibility mobility options
- planning and development
- wealth creation and economic development
- COVID 19 resiliency and recovery efforts
- creation and maintenance of green spaces

- expanding digital access
- violence reduction and crime prevention
- river restoration
- public safety
- community development investments
- environmental and climate justice

We know that racism is deep and pervasive throughout many systems and policies impacting health. Examples include health care, public education funding structures, criminal justice and sentencing, housing, and wealth-building opportunities. The City of Grand Rapids has previously upheld policies and ordinances that have perpetuated displacement, exclusion, and segregation, which have exacerbated racial inequality in Grand Rapids. As a result of our past actions and our current reality, the City of Grand Rapids is intentional about transforming these systems to ensure the highest quality of life for all residents.

The City is not new to seeing our work connected to health outcomes of our residents. The City is a partner with Spectrum Health, LINC Up, Access of West Michigan and many others with the Invest Health GR initiative designed to increase equitable health outcomes in neighborhoods of focus by advancing policies and practices that align community investment systems and increase capital flows to equity-promoting built environment investments. The team does this by advancing a pipeline of financeable built environment projects focused on increasing equity as a long term-strategy to improve community health. Another example is our work with Zero Cities initiative that clearly outlines that environmental factors and systems listed previously have a disparate impact on Black, Indigenous and People of Color (BIPOC) communities.

Lastly, bringing forward this resolution for adoption by the City Commission is directly aligned to the City's 2020 legislative agenda priority to "encourage, advocate and support legislation that promotes equity, diversity and inclusion for all" and the 2021 legislative agenda statement, "The City acknowledges racism as a public health crisis and supports policies and opportunities to dismantle structural racism and achieve health and social equity." This resolution, when combined with efforts across the community, state and country, can influence new or existing legislation to invest in anti-racism work.

The City has direct and indirect influence on systems and policies, and therefore is positioned to foster positive change and demonstrate courageous leadership in naming the problem and adding a public health framework to our growing equity lens. Naming racism as a public health crisis also supports our journey to combat racism, in all its forms, and the negative impact it has on both our BIPOC and white community.

A resolution can contribute to the movement and serve as a launch pad for additional action.

Attached is a draft resolution modeled after a public template from Salud America! with the most recent data available as of January 11, 2021. Here are the data sources referenced in the resolution:

- Grand Rapids Police Department Assessment Report, 2018
- Kent County Community Health Needs Assessment, 2020
- Policy Link Equity Profile of Grand Rapids, 2017
- Salud America!, 2020
- Zero Cities Project Grand Rapids Equity Assessment Tool, 2020

YOUR COMMITTEE OF THE WHOLE recommends adoption of the following resolution Declaring Racism a Public Health Crisis in Grand Rapids.

WHEREAS, Black, Indigenous, and People of Color (BIPOC) face economic injustice, social deprivation, and health inequities as a result of systemic racism embedded in policies, regulations, and laws that have created and maintain opportunity for some and barriers for others; and

WHEREAS, structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, transportation, media, health care, and criminal justice that in turn reinforce discriminatory beliefs, values, and distribution of resources; and

WHEREAS, the American Public Health Association finds racism to be a barrier to health equity and has named racism a driving force of how the social determinants of health are distributed. The social determinants of health—defined as the social, environmental, and economic factors that influence health, including employment, housing, education, access to health care, nutritious food, and public safety—are known to impact life-long health outcomes beginning even before birth; and

WHEREAS, racism operates on systemic, institutional, and interpersonal levels, all of which operate throughout time and across generations. For example, within the past 100 years, racism was embedded in the following housing and transportation policies:

- segregating public housing;
- investing in suburbs for whites only;
- zoning that separates single-family homes from multifamily dwellings;
- requiring minimum lot sizes or square footage to build in certain neighborhoods;
- enforcing discriminatory mortgage lending practices, known as “redlining”;
- destroying low-income and BIPOC neighborhoods for highways connecting white-majority suburbs to urban areas;
- destroying low-income and BIPOC neighborhoods in the name of urban renewal;
- defunding transit; and

WHEREAS, the non-partisan National Partnership for Women and Families has found that in the United States, health and racism are inextricably linked, creating a harmful impact on individuals and communities of color, including unequal access to quality education, employment, livable wages, healthy food, stable and affordable housing, and safe and sustainable communities; and

WHEREAS, racist practices resulted in inequitable, depressed communities, which continue to negatively impact:

- educational attainment for BIPOC residents, who are more likely to live in

- areas with underperforming school systems;
- access to nutritious food for BIPOC residents, who are more likely to live in areas with an abundance of fast food and without grocery stores;
- economic security for BIPOC residents, who are more likely to live in neighborhoods with less access to traditional banking institutions and high numbers of payday lenders;
- rates of environmentally-based health problems for BIPOC residents, such as lead poisoning and asthma due to living in neighborhoods with older buildings and greater proximity to pollution causing industries, resulting in rates of chronic diseases, including asthma, which are significantly higher in communities of color;
- rates of infant and maternal mortality for Black mothers and children, due to living in geographical areas with less access to healthcare and enduring ongoing racial micro-aggressions, resulting in mortality rates higher than that for white infants; and

WHEREAS, on average, white households have nearly seven times the wealth of Black families and five times the wealth of Latino families; and

WHEREAS, across the nation's 100 largest metropolitan areas, low-income renters face higher housing and transportation-cost burdens than middle-income renters, but fewer opportunities, thus face worse child development and health and reduced earnings as adults; and

WHEREAS, local data at the city and county level also demonstrate clear racialized inequities such as:

- In Kent County, 63% of Black and 51% of Latino survey respondents said racism was a frequent or constant source of stress compared to 17% of white respondents. (Kent County Community Health Needs Assessment, 2020)
- In Grand Rapids, Black, Latino and Asian residents are more likely to reside in renter-occupied dwellings than owner-occupied homes having significant implications for communities of color ability to build wealth. 77.1% of owner-occupied housing units are occupied by white residents, compared to 10.5% occupied by Black residents, 9.2% by Latino residents, and 1.5% by Asian residents. (Zero Cities Project Grand Rapids Equity Assessment Tool, 2020)
- 22% of Black and 16% of Latino residents over the age of 25 in Grand Rapids are unemployed compared to 7% of white residents. (Policy Link Equity Profile of Grand Rapids, 2017)
- In Kent County, the average median household income is \$32,203 for Black households and \$46,454 for Latino households, compared to \$67,324 for non-Latino white households. (Kent County Community Health Needs Assessment, 2020)
- In Grand Rapids, 47% of Black and 45% of Latino residents live in poverty, as compared to 15% of white residents. (Policy Link Equity Profile of Grand Rapids, 2017)
- In Grand Rapids, 22% of Black and 43% of Latino residents 25 or older have less than high school education attainment, as compared to 6% of white

- residents. (Policy Link Equity Profile of Grand Rapids, 2017)
- Latinos are 16% of the population in Grand Rapids but account for 43% of residents aged 25 and up that don't have a high school diploma. (Policy Link Equity Profile of Grand Rapids, 2017)
- In Grand Rapids, 13% of Latino and 13% of Black residents 25 or older have a bachelor's degree or higher, as compared to 44% of white residents (Policy Link Equity Profile of Grand Rapids, 2017); and
- In Kent County, Black residents have an asthma hospitalization rate of 12.1 per 10,000 people, whereas white residents have a rate of 2.9. (Zero Cities Project Grand Rapids Equity Assessment Tool, 2020)
- Across all Kent County schools, 19.4% of Black and 21.2% of Latino middle school students reported not going to school because they did not feel safe at school or on their way to or from school compared to 8.7% of white middle school students (Kent County Community Health Needs Assessment, 2020); and
- Black residents account for 53% of the traffic citations given, but make up only 19% of the Grand Rapids population (Grand Rapids Police Department Assessment Report, 2018); and

WHEREAS, more than 100 studies have linked racism to negative health outcomes, including research supporting that the cumulative experience of racism throughout one's life can induce chronic stress and increase susceptibility to chronic health conditions that lead to otherwise preventable deaths. The American College of Physicians has found that Black people in particular are at risk of being subjected to discrimination and race-based violence against them because of racism and white supremacy endangering them and even costing them their lives. The U.S. National Institutes of Health reports that multiple studies suggest that experiences of racism or discrimination raise the risk of emotional and physical health problems, including depression, cardiovascular disease, hypertension, and even death. The American Psychological Association, the American Medical Association and the American Academy of Family Physicians have declared hate crimes a public health concern. The Surgeon General of California found that racism is a risk factor for toxic stress, a root cause of some of the most harmful, persistent, and expensive health challenges facing our nation; and

WHEREAS, experiencing racism can increase stress hormones and lead to activation of the immune and inflammatory systems; changes in brain structure; elevation of blood pressure and blood sugar; and changes in how genes are read, which are associated with increased risk for numerous mental and physical chronic health conditions, like heart disease, cancer, asthma, stroke, Alzheimer's, diabetes and suicide. Without buffering care, experiencing racism can alter/impair several regions of the brain and inhibit the prefrontal cortex, which is responsible for attention, judgement and impulse control, and increase risk for learning and behavior problems, teen pregnancy, substance abuse, chronic absenteeism, dropping out of high school, and involvement in the criminal justice system; and

WHEREAS, as of December of 2020, over 170 cities, counties, state legislatures, and other governmental leaders have passed resolutions declaring racism a public

health crisis and have committed to specific actions to dismantle racism (Salud America!, 2020);

WHEREAS, the City of Grand Rapids adopted the City's Strategic Plan in 2019 that included equity as an official value of the organization, an urgent call to action to lead with equity, and an equity statement confirming our commitment and strategy to advance equitable outcomes and opportunities by leading with racial equity to address root causes of disparities. This targeted approach on racial equity will advance the City's universal goal to elevate quality of life in Grand Rapids, and

WHEREAS, the City of Grand Rapids is fully aware of the challenges and opportunities before us as we lead with equity. The City also knows that as a municipality, it is uniquely positioned to reduce disparities through transparency, accountability, policy, and intentional practices, programs and procedures that center racial justice as a core element.

THEREFORE, BE IT RESOLVED:

That the Mayor and City Commission hereby:

1. Publicly declares racism as a public health crisis in the city of Grand Rapids, and
2. Urges local organizations, businesses, units of government and individuals to leverage their influence to dismantle racism and apply a public health framework to those efforts.

Prepared by Patti Caudill


CORRECT IN FORM
DEPARTMENT OF LAW